



Office of the City Council
276 Fourth Avenue
Chula Vista, CA 91910



"Rebuilding Chula Vista One Home At A Time"

2003 APPLICATION

Christmas in October is a volunteer program that provides home improvement repairs at no cost or obligation to low-income homeowners within the City of Chula Vista. This program combines the good will of volunteers and donated materials and contributions from local supply companies, businesses and supporters. *This year, the Christmas in October event will be held on Saturday, October 11, 2003.*

To be eligible for assistance through *Christmas in October*, your total gross income (before taxes and withholdings) may not exceed the figures illustrated below as based upon household size.

Household Size	1 person	2 people	3 people	4 people	5 people
Maximum Annual Income	\$22,350	\$25,500	\$28,700	\$31,900	\$34,450

Please complete the application and ATTACH copies of the following documents:

1. Bank Statements for most previous two months (all pages)
2. Tax Returns for 2002 and 2001. If you do not file please sign the Income Tax Affidavit.
3. Income Statements for all sources of income (Social Security, SSI, Disability, etc.)
4. Copy of Homeowner's Insurance Policy

I. PROPERTY INFORMATION

Subject Property Address (street, city, state & zip) _____ Phone Number _____

Year Property Acquired _____ Original Purchase Price _____ Amount of Existing Liens _____

Manner in which Title is Held _____ Year Built _____ #of Bedrooms _____ #of Bathrooms _____

Homeowner's Insurance Company _____ Address _____ Policy Number _____

II. APPLICANT INFORMATION

Applicant's Name (First, Middle and Last) _____ Date of Birth _____ Gender _____

Social Security Number _____ Marital Status _____

Co-Applicant's Name (First, Middle and Last) _____ Date of Birth _____ Gender _____

Social Security Number _____ Marital Status _____

III. EMPLOYMENT INFORMATION

Applicant's Employer Name

Company Address

Length of Employment

Business Phone

Position Title

Co-Applicant's Employer Name

Company Address

Length of Employment

Business Phone

Position Title

IV. OCCUPANCY INFORMATION

Name of Occupant (First, Middle and Last)

Relationship to Borrower

Date of Birth

Name of Occupant (First, Middle and Last)

Relationship to Borrower

Date of Birth

Name of Occupant (First, Middle and Last)

Relationship to Borrower

Date of Birth

Name of Occupant (First, Middle and Last)

Relationship to Borrower

Date of Birth

V. INCOME AND HOUSING EXPENSE INFORMATION

Gross Monthly Income	Applicant	Co-Applicant	Total	Monthly Housing Expenses	Present
Base Salary	\$	\$		First Mortgage	
Overtime/ Bonus/ Commissions				Other Financing	
Dividends/Interest				Hazard Insurance	
Rental Income				Real Estate Taxes	
Other Income (Social Security, SSI, Disability, etc.)				Other (Homeowner Assn. Fees, etc)	
TOTAL	\$	\$	\$	TOTAL	\$

VI. ASSETS AND LIABILITIES

Name of Bank, S&L or Credit Union	Type of Account	Account Number	Balance
1.			
2.			

Name of Creditor	Type of Account	Account Number	Balance
1.			
2.			
3.			

VII. REQUESTED REPAIRS

Please list all of the repairs that you are requesting:

VIII. APPLICANT CERTIFICATION

1. I/We understand that the Christmas in October Program is a volunteer program and therefore no guarantee of materials or workmanship is provided.
2. I/We completed an application containing personal and financial information including: employment, income, occupancy status, etc. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.
3. I/We hereby authorize the City of Chula Vista to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my application.
4. I/We further authorize the City of Chula Vista to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.
5. I/We understand and agree that the Christmas in October Program reserves the right to request any additional information necessary to complete the request and verify the information provided on the application with the employer, creditor, or financial institutions.
6. I/We fully understand that it is a Federal crime punishable by fine, imprisonment or both to knowingly make any false statements when applying for this Program, as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant

Date

Co-Applicant

Date

DISCLOSURE: A portion of the money used to carry out *Christmas in October* comes through a federally sponsored Community Development Block Grant; therefore records are required to be kept. These records shall be kept confidential, and any reference to them shall be in numbers instead of name.

For More Information Please Contact:
or

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